

seem to be increased by the use of the tent. Use of the tent has permitted us to accomplish abortion in almost all instances without general anesthesia and without significant discomfort to the patient.

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Vaginal Adenosis

VAGINAL ADENOSIS (submucosal glands lined by müllerian-type epithelium) was rarely described in the past. It has been seen frequently in young women whose mothers took diethylstilbestrol and similar compounds during pregnancy. The adenosis can appear as a red granular lesion. Biopsy of these red areas as well as those that initially appear normal but fail to stain with Schiller's iodine can usually be accomplished in the office. Although these glands appear to be benign, they have been observed in close proximity to clear-cell adenocarcinomas that have also occurred in young females whose mothers took stilbestrol during pregnancy. Present estimates suggest that the carcinomas are rare among the exposed population while adenosis occurs frequently. Although adenosis has been treated by surgical excision and local destruction (cauterization), the natural history of stilbestrol-associated adenosis is unknown. Close follow-up of patients with vaginal adenosis is certainly indicated and in many instances might prove to be the most prudent approach.

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Herpes Genitalis

HERPES GENITALIS is a common venereal disease, caused most usually by herpes simplex virus (HSV) type 2, which occasionally results in neonatal herpes and may be causally related to cervical cancer. Although often subclinical, primary cases, occurring in persons with no HSV antibodies, tend to be more severe clinically than recurrent cases.

In females, the cervix is most commonly involved, and the vulva, vagina and perineal areas can also be affected. In males, vesicles or ulcers

can be noted on the penis, scrotum or adjoining skin areas and the virus can be isolated from the urethra, prostrate and testicles in asymptomatic cases. In either sex, HSV-2 can also involve the anus or mouth. Complications of genital herpes include neuralgia, meningitis and myelitis. In diagnosis it is most often confused with other venereal diseases, particularly chancroid, but can be confirmed by virological or cytological methods.

Because of the association with cervical cancer, infected women should have frequent Papanicolaou screening tests; and because of risk to the newborn, abdominal delivery should be considered if the genital infection is noted around the time of delivery. Since topical antiviral agents do not appear to be beneficial, treatment is symptomatic. However, three new approaches are currently under evaluation: (a) photodynamic inactivation; (b) HSV-2 vaccines, currently available only in Europe; (c) use of systemic antiviral drugs, reserved so far for the immunosuppressed patient with severe lesions.

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Use of Estriol Levels to Permit Delivery of Frank Diabetics at Term

THE USE OF urinary estriol determinations to monitor fetal-placental well-being in "high-risk" pregnancies has been accepted practice for a number of years. In 1965 Greene et al, among others, reported on the usefulness of estriol determinations in the management of diabetes complicated by pregnancy.

Perinatal morbidity and mortality statistics have demonstrated that the optimum time to deliver insulin requiring diabetics (White's classes B to F) is at 36 to 38 weeks of gestation. In large clinical populations incorrect estimation of fetal gestational age is the most frequent cause of prematurity, a particular hazard to the diabetic infant. Recently Goebelsmann et al have shown that pregnant diabetic women in hospital can be allowed to continue to term and spontaneous labor, provided daily estriol determinations do not indicate fetal jeopardy.

The prime prerequisites for such management of the frank diabetic patient are continuous stay